Bats and Rabies

Rabies post-exposure prophylaxis
(PEP) should be considered if a
person is bitten by or otherwise
exposed to a bat, and the bat is
unavailable for rabies testing. Rabies
PEP may also be considered if a
sleeping person awakens to find a bat
in their room, or an unattended child,
intoxicated or mentally disabled
person cannot adequately recall or
communicate that bat contact has
occurred.





- (A) Most bat bites are extremely small and difficult to recognize.
- (B) Consider the size of this bat skull for comparison.

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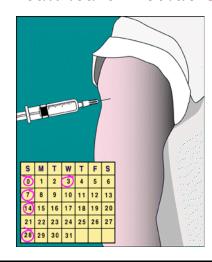


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RABIES

Post-Exposure Prophylaxis

Information for San Diego County Healthcare Providers

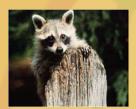


County of San Diego
Health & Human Services Agency

Rabies Post-Exposure Prophylaxis (PEP)

Rabies

Rabies is an infectious viral disease usually transmitted to humans by exposure to the saliva of an infected animal via a bite. Rabies may also be transmitted when infectious material, such as an infected animal's saliva or nervous system tissue, comes in contact with a person's open wounds, abrasions, or mucous membranes.



In the United States, wild animals are more likely to be rabid than domestic animals.

Wild Animals

Bites from wild animals such as bats, skunks, raccoons, foxes, and coyotes are of particular concern for rabies exposure. Unless the wild animal is available for rabies testing, the bite victim should receive rabies PEP as soon as possible. Quarantine of the animal is not appropriate.

Low-Risk Animals

While all mammals are susceptible to rabies, certain animal species are generally considered at low-risk; bites from these animals rarely warrant rabies PEP. In particular, bites from rats, mice, hamsters, guinea pigs, gerbils, rabbits, gophers and other rodents generally do not warrant rabies PEP. If the bite occurs under unusual circumstances that cannot be explained by feeding or touching the animal, rabies PEP may be considered for the bite victim when the animal is unavailable for rabies testing.



In San Diego County, humans that come in contact with bats are considered at risk for contracting rabies. Bat bites can be so small they are not easily seen (see back).

For this reason, bites and other potential exposure to bats should be very carefully evaluated.

Mexican Free-tailed Bat

Bats

Since 1990, human rabies cases reported in California and the United States have most often been associated with unrecognized exposure to a bat. Because bat bites are extremely small and difficult to recognize, most of these fatal cases reported no history of a bat bite. Any direct contact with a bat may present a risk unless rabies is ruled out by testing the bat. In all instances of potential human exposure involving bats, the bat in question should be safely collected and submitted for rabies testing. If the bat is not available for testing, rabies PEP should be strongly considered.

Post-Exposure Prophylaxis

According to the Advisory Committee on Immunization Practices (ACIP), the essential components of rabies post-exposure prophylaxis (PEP) are immediate wound treatment and, for previously unvaccinated individuals, the administration of both human rabies immune globulin (HRIG) and rabies vaccine as soon as possible after exposure. Rabies vaccine should be administered intramuscularly in the lateral deltoid in adults (anterolateral aspect of the thigh for young children) on days 0, 3, 7, 14 and 28 (see front).

For more information, visit:

http://www.cdc.gov/ncidod/dvrd/rabies

Domestic Dogs, Cats and Ferrets

If a domestic dog, cat or ferret has bitten a patient, and the biting animal is still available, it should be observed daily for ten (10) days following the exposure date regardless of the animal's vaccination status. If the animal develops signs of rabies such as disorientation, hypersalivation or unexplained lethargy, it should be euthanized immediately and tested for rabies. If the domestic dog, cat or ferret is unavailable for a 10-day quarantine or rabies testing, the bite victim should begin rabies post-exposure prophylaxis (PEP) as soon as possible, even if the biting animal is up-to-date with rabies vaccination. Although rare, vaccine failure has occurred among rabies-vaccinated animals. The Community Epidemiology Division is available to assist healthcare providers with questions about rabies exposure and human prophylaxis recommendations.

For More Information

Community Epidemiology

► For consultation on human rabies exposure and prophylaxis guidelines.

619-515-6620

Public Health Laboratory

►To test animals for rabies when human exposure is known or suspected.

619-692-8500

Animal Disease Diagnostic Laboratory

► For routine rabies and other testing of animals. 858-694-2838

Animal Control

► For animal bite reporting, quarantine. **619-236-4250**